

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING

August 18, 2021
10:00 a.m. Central Time
Nebraska State Office Building – Lower Level A
301 Centennial Mall South, Lincoln, Nebraska
Phone call information: 888-820-1398; Participant code: 3213662#

The purpose of this hearing is to receive comments on the proposed amendments to Title 471, Chapter 39 of the Nebraska Administrative Code (NAC) – *Nebraska Alternative Benefit Plans*. Proposed changes include: removing the benefit tier system (Basic or Prime) from the Heritage Health Adult Program, and placing all enrolled beneficiaries into one benefit package offering full Medicaid services; updating the chapter name; removing all definitions; updating the benefit plan start date to October 1, 2021; and updating formatting, correcting spelling, and renumbering of sections. The proposed changes will align the regulations with the withdrawal of Nebraska's 1115 demonstration waiver and implementation of a single benefit plan for the Heritage Health Adult (HHA) program.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

In order to encourage participation in this public hearing, a phone conference line will be set up for any member of the public to call in and provide oral comments. Interested persons may provide verbal comments by participating in person or via phone conference line by calling 888-820-1398; Participant code: 3213662#.

Interested persons may provide written comments by mail, fax, or email, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at <http://www.sos.ne.gov>, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals with hearing impairments may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.



FISCAL IMPACT STATEMENT

Agency: Department of Health and Human Services	
Title: 471	Prepared by: Emi Giles
Chapter: 39	Date prepared: June 22, 2021
Subject: Nebraska Alternative Benefit Plan (ABP)	Telephone: 402-471-9365

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(<input type="checkbox"/>)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)
Increased Costs	(<input checked="" type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Increased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Indeterminable	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)

Provide an Estimated Cost & Description of Impact:

State Agency:

The estimated impact to the 9 months of SFY22 following implementation of the single benefit category for the HHA/Medicaid Expansion population would be approximately \$4,270,100 in state General Funds. Approximately 75 percent of this impact would be due to the blending of the existing Prime, Basic, and Medically Frail managed care capitation rates into a single benefit category, while retaining the geographically adjusted, age cohort, and gender specific rate cohorts.

The remaining 25 percent of the General Fund impact would be from the enrollment into the dental benefit manager for the persons who would have previously been excluded in the Basic benefit tier.

Political Subdivision: No.

Regulated Public: No.

If indeterminable, explain why:

DRAFT
06-24-2021

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

471 NAC 39

TITLE 471 NEBRASKA MEDICAL ASSISTANCE PROGRAM SERVICES

CHAPTER 39 NEBRASKA ALTERNATIVE BENEFIT PLANS (ABP)

001. SCOPE AND AUTHORITY. The regulations govern the services provided under Nebraska's Medicaid program as defined by Nebraska Revised Statute (Neb. Rev. Stat.) §§ 68-901 et seq.

002. DEFINITIONS. The following definitions apply:

002.01 HERITAGE HEALTH ADULT PROGRAM (HHA). The Medicaid program which includes individuals eligible for Medicaid under the policies outlined in 477 Nebraska Administrative Code (NAC) 29.

002.02 NEBRASKA BASIC ALTERNATIVE BENEFIT PLAN (BASIC). The Nebraska Basic Alternative Benefit Plan (Basic) is a benefit plan offered to all eligible adults participating in the Heritage Health Adult (HHA) program and offers all services as described in the Title XIX Plan and listed in 471 NAC 1 with the exception of dental services, dentures, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services, eyeglasses, optometrist services, and over-the-counter (OTC) pharmacy services. Eye examinations and diagnostic services are allowed for medical conditions that may cause damage to components of the eye leading to permanent vision loss and therefore presenting a need to monitor in order to prevent or slow vision loss.

002.03 NEBRASKA PRIME ALTERNATIVE BENEFIT PLAN (PRIME). The Nebraska Prime Alternative Benefit Plan (Prime) is a benefit plan offered to eligible adults participating in the Heritage Health Adult (HHA) program and offers all services as described in the Title XIX Plan and listed in 471 NAC 1.

003002. OVERVIEW. This chapter details the benefit plans and services offered to eligible adults aged 19 through 64 participating enrolled in the Heritage Health Adult (HHA) program and meeting the benefit plan requirements as described in 477 NAC 29. This These benefit plans begins October 1, 2021 2020.

004003. BENEFIT PLANS AND SERVICES.

004.04003.01 NEBRASKA PRIME ALTERNATIVE BENEFIT PLAN (PRIME). The Nebraska Prime Alternative Benefit Plan (Prime) offers all services as described in the Title XIX Plan and listed in 471 NAC 1. The Nebraska Prime Alternative Benefit Plan (Prime) is offered to clients who:

- (i) ~~Are 19 and 20 years of age;~~

- ~~(ii) Meet the medically frail criteria as described in 477 NAC 29; or~~
- ~~(iii) Become pregnant prior to their annual eligibility renewal while participating in the Heritage Health Adult (HHA) program.~~

004.01(A)003.01(A) NEBRASKA PRIME ALTERNATIVE BENEFIT PLAN (PRIME) SERVICES. For the purposes of the Nebraska Prime Alternative Benefit Plan (Prime), these services are grouped as follows:

- (i) Ambulatory patient services as set forth in 471 NAC 5, 9, 10, 18, 26, 36, and 34;
- (ii) Emergency services as set forth in 471 NAC 4 and 10;
- (iii) Hospitalization as set forth in 471 NAC 10;
- (iv) Maternity and newborn care as set forth in 471 NAC 9, 10, 18, 26, 34, 36, and 42;
- (v) Mental health and substance use disorder services as set forth in 471 NAC 9, 10, 18, 20, 26, 34, 35, and 36;
- (vi) Prescription drugs/pharmacy as set forth in 471 NAC 16;
- (vii) Rehabilitative and habilitative services and devices as set forth in 471 NAC 7, 9, 14, 21, and 23;
- (viii) Laboratory services as set forth in 471 NAC 10;
- (ix) Preventative and wellness services and chronic disease management as set forth in 471 NAC 10, 18, and 33;
- (x) Early periodic screening, diagnosis, and treatment (EPSDT) as set forth in 471 NAC 33;
- (xi) Other services as follows:
 - (1) Rural Health Clinic as set forth in 471 NAC 34;
 - (2) Federally Qualified Health Center (FQHC) as set forth in 471 NAC 29;
 - (3) Certified pediatric & family nurse practitioner services as set forth in 471 NAC 10;
 - (4) Podiatrists' services as set forth in 471 NAC 19;
 - (5) Case management as set forth in 477 NAC 4;
 - (6) Inpatient psychiatric services under age 21 as set forth in 471 NAC 20;
 - (7) Telehealth as set forth in Title 471 NAC;
 - (8) Non-emergency transportation as set forth in 471 NAC 27;
 - (9) Respiratory care services as set forth in 471 NAC 22;
 - (10) Abortion services as set forth in 471 NAC 10 and 18;
 - (11) Family planning services and supplies as set forth in 471 NAC 10 and 18;
 - (12) Critical care hospital as set forth in 471 NAC 10;
 - (13) Intermediate care facility services as set forth in 471 NAC 12;
 - (14) Program or All-Inclusive Care (PACE) services as set forth in 471 NAC 37;
 - (15) Long term nursing facility services as set forth in 471 NAC 12;
 - (16) 915 (C) Home and Community Based Services (HCBS) waivers as set forth in Title 480 NAC;
 - (17) Personal assistance services as set forth in 471 NAC 15;
 - (18) Private duty nursing services as set forth in 471 NAC 13;
 - (19) Medically-monitored inpatient withdraw management as set forth in 471 NAC 20;
 - (20) Opioid treatment program as set forth in 471 NAC 20;

- (21) Dental services as set forth in 471 NAC 6;
- (22) Dentures as set forth in 471 NAC 6;
- (23) Optometrists' services as set forth in 471 NAC 24;
- (24) Eyeglasses as set forth in 471 NAC 24; and
- (25) Over-the-counter (OTC) pharmacy services as set forth in 471 NAC 16.

~~004.02 NEBRASKA BASIC ALTERNATIVE BENEFIT PLAN (BASIC). The Nebraska Basic Alternative Benefit Plan (Basic) is offered to all eligible clients participating in the Heritage Health Adult (HHA) program as described in 477 NAC 29. This benefit plan offers the same services as the Nebraska Prime Alternative Benefit Plan (Prime) listed in 004.01(A) with the exception of dental services, dentures, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services, eyeglasses, optometrist services, and over the counter (OTC) pharmacy services. Eye examinations and diagnostic services are allowed for medical conditions that may cause damage to components of the eye leading to permanent vision loss and therefore presenting a need to monitor in order to prevent or slow vision loss.~~

~~005004. PARTICIPATION IN THE HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM. Clients eligible to receive benefits under the Heritage Health Adult (HHA) program may voluntarily participate in the Health Insurance Premium Payment (HIPP) program as described in 471 NAC 30.~~

~~006005. COPAYMENTS. Clients receiving services through the Heritage Health Adult (HHA) program will be subject to copayment requirements as described in 471 NAC 3-008.01.~~